State of Colorado



Department of Health Care Policy & Financing

Medical & CHP+ Program Administration Office

Quality Improvement Section

FY 08 Final Site Review Findings for Rocky Mountain Health Plans

August 2008

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I. History, Purpose and Origin of Medicaid Managed Care Entity Site Review

As part of the Colorado Department of Health Care Policy and Financing's (the Department's) overall effort and commitment to ensure equitable and appropriate access, quality outcomes and timely care and services for Medicaid members, the Department developed and implemented an annual site review process in 1999. The Balanced Budget Act of 1997 specified additional requirements for managed care entities (MCEs). These requirements were incorporated into all FY03-04 MCE contracts. The Department began monitoring MCEs for the new requirements in addition to the existing requirements during the FY03-04 site review schedule. The objective of the site review is to evaluate all contracted MCEs for contractual and regulatory compliance.

II. Site Review Process

In FY03-04, the Department adopted the Centers for Medicare and Medicaid Services (CMS) protocol "Monitoring Medicaid Managed Care Organizations and Prepaid Inpatient Health Plans" (Final Version 1.0, February 11, 2003) as a guideline for the site review process. The site review process consists of a desk audit and a visit to the MCE's administrative offices.

A monitoring tool is used as a guide to assess contractual and regulatory compliance. Monitoring tool content is based on the MCE contract provisions, Colorado Regulations 10 CCR 2505-10, 8.000 *et seq* and 42 C.F.R. Section 438. *et seq*. Each provision is segmented into easy-to-measure elements, usually a sentence or sub-section of the contract or regulation. Each year the tool is updated with any changes. The final monitoring tool is used in the site reviews and a site review schedule is determined in collaboration with the MCEs.

In 2008, the site review team completed a focused site review. The four contract provisions focused on were: the grievance and appeals process, the quality assurance program, credentialing and recredentialing of providers, and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. These contract provisions were chosen based on Departmental priorities as well as the need to review all contract provisions within a three year cycle.

When the monitoring tool is finalized, the desk audit begins. The desk audit consists of a document request, document submission and subsequent document review. A list of documents related to each provision is developed and requested from the MCE. The MCE is given thirty days to assemble and produce the requested documents. Department staff then read each document for compliance with the applicable provision. Questions are noted for MCE staff interviews, which are conducted during the MCE office visit. Interview questions clarify desk audit material and assess process and procedure compliance. Interviews also provide an opportunity to explore any issues that were not fully addressed in documents and provide a better understanding of the MCE's performance.

The site review team conducts a visit to the MCE's administrative offices. MCE staff meet with the site review team, explain related processes and procedures, and answer any questions the team may have. The team may also review a sample of records to assess compliance in any area where on-site record review is required due to patient or provider privacy laws. Results of the record reviews are reflected in the rating assigned to the respective provision or element.

The site review team rates each monitoring tool element as "Met", "Partially Met", "Not Met" or "Not Applicable". Any element receiving a rating of "Partially Met" or "Not Met" requires a MCE corrective action. These ratings form the basis of the preliminary site review score.

Thirty days after the visit, a written Preliminary Site Review Report is sent to the MCE for their review and comment on any inaccuracies found in the initial report. The MCE has thirty days to respond to the Report. The Department reviews comments from the MCE and may make corrections based on those comments. The Final Site Review Report indicates areas of compliance and areas that require some type of action to achieve compliance. The MCE must submit its action plan to the Department for approval within thirty days of receiving the final report. The Department reviews and approves the corrective actions and related documents when completed until compliance is demonstrated.

III. FY08 Preliminary Site Review Findings

Rocky Mountain Health Plans' (RMHP) compliance with 4 contractual and regulatory provisions was assessed during this year's site review. The site review team assigned a score for each regulatory/contractual element and aggregated these scores to arrive at a finding for each provision as shown below. RMHP's overall score for this site review is 98%.

Summary of Findings, FY08 Site Review, RMHP					
Regulatory/Contractual Topics	# Provisions	# Provisions Met	# Provisions Partially Met	# Provisions Not Met	# Provisions not applicable
Standard 1: Grievance and Appeals	20	13	1	0	6
Standard 2: Quality Assurance Program	14	14	0	0	0
Standard 3: Credentialing and Recredentialing	39	37	1	0	1
Standard 4: Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program	10	10	0	0	0
Total	83	74	2	0	7
Percent of 2007 Corrective Actions completed 71.4%					

Details regarding RMHP's compliance with the provisions, including the scores for each element, can be found in Appendix I of this report. A summary finding for each contract provision was determined by adding the number of compliant provisions RMHP received out of the number of applicable provisions. For the records reviewed, each record was evaluated based on the total number of RMHP's compliant elements out of the applicable elements. A finding for each record review area was determined based on the number of RMHP's compliant elements out of the applicable elements.

RMHP earned a score of "Met" for 74 provisions, and 2 provisions were deemed "Partially Met". No provisions received a score of "Not Met". Details of these scores are provided, by provision element, in Appendix I.

IV. Required Corrective Actions for "Partially Met" and "Not Met" Provisions

Standard 1: Grievance and Appeals

<u>Provision 1.20</u> The Contractor shall accept grievances orally or in writing. Exhibit I. Section 8.209.5.D.

<u>Finding</u>: Record review shows grievances are not properly disposed of. Issues such as: office rudeness, access to care, timeliness of routine care and discrimination were inappropriately categorized as "Quality of Care" issues.

<u>Corrective Action</u>: Plan shall provide evidence that grievance issues are being categorized as Quality of Care issues appropriately.

<u>Additional Recommendation</u>: Closure letters should be sent to members once a grievance is resolved and should clarify to the member how the grievance is being handled.

Standard 2: Quality Assessment and Performance Management

<u>Provision 2.6</u> The Contractor shall develop a corrective action plan when Members report statistically significant levels of dissatisfaction, when a pattern of complaint is detected, or when a serious complaint is reported.

<u>Finding</u>: Contract provision is met, however, although RMHP has systems in place to assess the quality of care delivered, the effectiveness of their interventions and customer feedback, they do not have a formalized system in place to recognize a pattern of complaints from which to develop a corrective action plan as needed.

<u>Recommendation</u>: Plan should consider developing a system that compiles several sources for member information in a way that would help staff recognize a pattern from which to develop a corrective action plan as needed. Currently, RMHP maintains an

"Actions to Outcomes" committee which may provide a structure in which RMHP can methodically respond to adverse survey results, complaints or other trends.

Standard 3: Licensure and Credentialing

<u>Provision 3.4</u> The Contractor shall assure that all laboratory-testing sites providing services under this contract shall have either a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver or a Certificate of Registration along with a CLIA registration number. Those laboratories with Certificates of Waiver will provide only the nine (9) types of tests permitted under the terms of the Waiver. Laboratories with Certificates of Registration may perform a full range of laboratory tests.

<u>Finding</u>: RMHP informs their providers of this provision both in their contracts as well as in informational communications with their providers. RMHP states: "We have also affirmed that, at present, we do not have sufficient system configuration logic and claims edits established to prevent the payment of non-Waivered lab codes to non-CLIA Certified providers."

<u>Corrective Action</u>: Plan shall provide evidence of a mechanism to assure that claims of non-waivered lab codes to non-CLIA certified providers are not paid.

Additional recommendation: Related to provision 3.5: "The Contractor's Provider selection policies and procedures shall not discriminate against particular Providers that serve high-risk populations or specialize in conditions that require costly treatment."

We recommend that RMHP change the language in their policies and procedures to make the statement clear that RMHP specifically will not discriminate against providers that specialize in conditions requiring costly treatment.

Standard 4: Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program

<u>Provision 4.5</u> The plan provides eligible members screening according to the Periodicity Schedule.

<u>Finding</u>: Provision is met as evidenced by: on-site chart reviews, interviews with case managers, medical director and QI staff. However, RMHP is not tracking wraparound EPSDT benefits such as: routine dental appointments and hearing and vision examinations according to the periodicity schedule.

<u>Recommendation</u>: The Department acknowledges that dental, vision and hearing screenings are oftentimes completed out of network. It is difficult for a plan to track services if the plan does not have an associated claim for the service. However, the standard of comprehensive and coordinated care is only met when the plan conveys to its providers all of the services a client receives and alerts a provider when a client is in need of routine screening services, even if those services are delivered out-of-network.

RMHP and the Department will work together to discover solutions to this problem. It is imperative that, as a managed care entity, RMHP ensures that routine pediatric screening services are tracked according to the established periodicity schedule, even if those services are delivered out-of-network.

IV. Summary of FY 07Corrective Action Plan Progress

During this year's site review process, the Department reviewed RMHP's progress on the 2007 Corrective Action Plans (CAPs). A complete list of the RMHP 2007 corrective actions is in Appendix II. The expectation is that the MCE will make significant progress on all approved CAPs by the time the next year site review occurs. The following chart shows the progress RMHP has made in completing its 2007 CAPs.

Summary of FY07 Corrective Action Plan (CAP) Progress, RMHP			
Regulatory/Contractual Topics	Status of CAP: Completed (C), Partially Completed (PC), Incomplete (I)	Comments	
Audits and Reporting Section			
CAP 1: timely notifications	С		
Claims Processing Section			
CAP 2: Guard against fraud in provider billings	С		
Confidentiality Section			
CAP 3: Facility security related to HIPPA compliance	С		
Member Facility and Accommodation Section			
CAP 4: Cultural competency staff training	PC	Staff training plan and timeline in place.	
CAP 5: cultural competency related to disease management, etc.	С		
CAP 6: Member materials	С		
Member Rights and Responsibilities Section			
CAP 7: Advanced Directives	PC	Policies and procedures in place, additional time granted for plan to perform internal chart reviews to assess compliance from the various provider facilities.	
Totals	5 of 7 CAPS are Completed 2 of 7 CAPS are Partially Completed (see comments) 0 of 7 CAPS are Incomplete		

State of Colorado Department of Health Care Policy & Financing

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Quality Improvement Section



Site Audit Findings – Rocky Mountain Health Plan

March 2008

Regulatory/Contractual Provision	Scoring	Site Review Results
1.1 The Contractor shall provide a Department	Met Met	Evidence of compliance was provided by:
approved description of the grievance, appeal	☐ Partially Met	Policy & Process
and fair hearing procedures and timeframes to all	□ Not Met	
providers and subcontractors at the time the	□ N/A	
provider or subcontractor enters into a contract		
with the Contractor. The description shall		
include:		
-The member's right to a State fair		
hearing for appeals.		
-The method to obtain a hearing, and		
-The rules that govern representation at		
the hearing.		
-The member's right to file grievances		
and appeals.		
-The requirements and timeframes for		
filing grievances and appeals.		
-The availability of assistance in the		
filing process.		
-The toll-free numbers that the member		
can use to file a grievance or an appeal by		
telephone.		
-The fact that, when requested by a		
member:		
-Benefits will continue if the member		
files an appeal or a request for State fair		
hearing within the timeframes specified		
for filing; and		
-The member may be required to pay the		
cost of services furnished while the		
appeal is pending in the final decision is		
adverse to the member.		

Regulatory/Contractual Provision	Scoring	Site Review Results
Exhibit I. 10 CCR 2505-10, Section 8.209.3.B 1.2 The Contractor shall give members reasonable assistance in completing any forms required by the Contractor, putting oral requests for a State fair hearing into writing and taking other procedural steps, including, but not limited to, providing interpretive services and toll-free numbers that have adequate TTY/TTD and interpreter capability.		Evidence of compliance was provided by: Customer Service SOP Member Handbook
Exhibit I. Section 8.209.4.C. 1.3 The Contractor shall send the member written acknowledgement of each appeal within two (2) working days of receipt, unless the member or designated client representative requests an expedited resolution. Exhibit I. Section 8.209.4.D.		Evidence of compliance was provided by: 10 appeal files reviewed

Regulatory/Contractual Provision	Scoring	Site Review Results
1.4 The Contractor shall ensure that the	Met Met	Evidence of compliance was provided by:
individuals who make decisions on appeals are	☐ Partially Met	10 appeal files reviewed
individuals who were not involved in any	□ Not Met	Policy & Process
previous level of review or decision-making and	□ N/A	
who have the appropriate clinical expertise in		
treating the member's condition or disease if		
deciding any of the following: an appeal of a		
denial that is based on lack of medical necessity,		
a grievance regarding denial of expedited		
resolution of an appeal, or a grievance or appeals		
that involves clinical issues.		
Exhibit I. Section 8.209.4.E.		
1.5 The Contractor shall accept appeals orally or	Met	Evidence of compliance was provided by:
in writing.	☐ Partially Met	10 appeal files reviewed
	□ Not Met	Customer Service SOP
Exhibit I.	□ N/A	Policy & Process
Section 8.209.4.F.		
1.6 The Contractor shall provide the member a	Met Met	Evidence of compliance was provided by:
reasonable opportunity to present evidence, and	☐ Partially Met	Acknowledgment Letter Appeal/Grievance
allegations of fact or law, in person as well as in	□ Not Met	
writing. The Contractor shall inform the	□ N/A	
member of the limited time available in the case		
of expedited resolution.		
Exhibit I. Section 8.209.4.G.		

Regulatory/Contractual Provision	Scoring	Site Review Results
1.7 The Contractor shall provide the member and	Met Met	Evidence of compliance was provided by:
the designated client representative opportunity,	☐ Partially Met	Policy & Process
before and during the appeal process, to examine	□ Not Met	
the member's case file, including medical	□ N/A	
records and any other documents and records		
considered during the appeal process.		
Exhibit I Section 8.209.4.H.		
1.9 The Contractor shall resolve each appeal, and	Met Met	Evidence of compliance was provided by:
provide notice as expeditiously as the member's	☐ Partially Met	55 appeals received during FY07 with 100% compliance
health condition requires, not to exceed the	□ Not Met	10 appeal files reviewed
following:	□ N/A	
For standard resolution of an appeal and notice to the affected parties, ten (10) working days from the day the Contractor receives the appeal.		
For expedited resolution of an appeal and notice to affected parties, three (3) working days after the Contractor receives the appeal.		
Exhibit I. Section 8.209.4.J.		

Regulatory/Contractual Provision	Scoring	Site Review Results
1.10 The Contractor may extend timeframes for	☐ Met	No appeals were extended by the plan during FY07
the resolution of appeals by up to fourteen (14)	☐ Partially Met	No appeals were extended by the member during FY07
calendar days:	□ Not Met	, , , , , , , , , , , , , , , , , , ,
	⊠ N/A	
If the member requests the extension; or		
The Contractor shows that there is a need for		
additional information and that the delay is in		
the member's best interest.		
Exhibit I.		
Section 8.209.4.K.		
1.11 Member's need not exhaust the Contractor	Met Met	Evidence of compliance was provided by:
level appeal process before requesting a State	☐ Partially Met	Denial letter
fair hearing. The member shall request a State	□ Not Met	
fair hearing within twenty (20) calendars days	□ N/A	
from the date of the Contractor's notice of		
action.		
Exhibit I.		
Section 8.209.4.N.		
1.12 The Contractor shall establish and maintain	Met Met	Evidence of compliance was provided by:
an expedited review process for appeals when	☐ Partially Met	Policy & Process
the Contractor determines, or the provider	□ Not Met	No expedited appeals requested during FY 07
indicates, that taking the time for a standard	□ N/A	
resolution could seriously jeopardize the		
member's life or health or ability to attain,		
maintain or regain maximum function.		
Exhibit I.		
Section 8.209.4.O.		

Regulatory/Contractual Provision	Scoring	Site Review Results
1.13 The Contractor shall ensure that punitive	Met	Evidence of compliance was provided by:
action is not taken against a provider who	☐ Partially Met	Physician Services Agreemtn, Section O. Expressing
requests an expedited resolution or supports a	□ Not Met	Disagreement
member's appeal.	□ N/A	
Exhibit I. Section 8.209.4.P. 1.14 If the Contractor denies a request for expedited resolution, it shall transfer the appeal	☐ Met ☐ Partially Met	No expedited appeals requested during FY07
in the timeframe for standard resolution, make reasonable effort to give the member prompt oral notice of the denial and send a written notice of	□ Not Met □ N/A	
the denial for an expedited resolution within two (2) calendar days.		
Exhibit I. Section 8.209.4.Q.		
1.15 The Contractor shall provide for the	Met	Evidence of compliance was provided by:
continuation of benefits while the Contractor	☐ Partially Met	Denial letter
level appeal and the State fair hearing are	□ Not Met	2 appeals went to the State fair hearing; no continuation of
pending if the member files the appeal timely,	□ N/A	benefits were requested
the appeal involves the termination, suspension		
or reduction of a previously authorized course of		
treatment, the services were ordered by an		
authorized provider, the original period covered		
by the original authorization has not expired and		
the member requests extension of benefits.		
Exhibit I. Section 8.209.4.R.		

Regulatory/Contractual Provision	Scoring	Site Review Results
1.16 If at the member's request, the Contractor continues or reinstates the member's benefits while the appeal is pending, the benefits shall be continued until the member withdraws the appeal, ten (10) days pass after the Contractor mails the notice providing the resolution of the appeal against the member, a State fair hearing office issues a final agency decision adverse to the member, or the time period or service limits of a previously authorized service has been met.	☐ Met ☐ Partially Met ☐ Not Met ☑ N/A	No continuation of benefits were requested
1.17 If the final agency decision or State fair hearing officer reversed a Contractor's decision to deny, limit or delay services that were not furnished while the appeal was pending, the Contractor shall authorize or provide the disputed services promptly and as expeditiously as the member's health condition requires. Exhibit I. Section 8.209.4.U.		Evidence of compliance was provided by: No State hearing reversals in FY07
1.18 If the State hearing officer or final agency decision reversed the Contractor's decision to deny authorization of services and the member received the services while the appeal was pending, the Contractor must pay for those services. Exhibit I. Section 8.209.4.V.	☐ Met ☐ Partially Met ☐ Not Met ☐ N/A	No State hearing reversals in FY07

Dogulotowy/Contractual Drawinian	Cooring	Site Review Results
Regulatory/Contractual Provision	Scoring	
1.19 The Contractor shall ensure that the	□ Met	This element is appropriately addressed in 1.4
individuals who make decisions on grievances	☐ Partially Met	
are individuals who were not involved in any	□ Not Met	
previous level of review or decision-making and	⊠ N/A	
who have the appropriate clinical expertise in		
treating the member's condition or disease if		
deciding a grievance that involves clinical issues.		
deciding a grievance that involves entired issues.		
Exhibit I.		
Section 8.209.5.C.		
1.20 The Contractor shall accept grievances	□ Met	10 grievances received
orally or in writing.	Partially Met	during FY07 with 100% compliance
	□ Not Met	
The Contractor shall dispose of each	□ N/A	Record review shows grievances are not properly disposed of.
grievance and provide notice as		See CAP
expeditiously as the member's health		
condition requires, not to exceed fifteen (15)		
working days from the day the Contractor		
receives the grievance.		
Exhibit I.		
Section 8.209.5.D.		

Regulatory/Contractual Provision	Scoring	Site Review Results
1.21 The Contractor may extend timeframes for	□ Met	No grievances were extended by the plan during FY07
the disposition of grievances by up to fourteen	☐ Partially Met	No grievances were extended by the member during FY07
(14) calendar days:	□ Not Met	
	⊠ N/A	
If the member requests the extension; or		
The Contractor shows that there is a need for		
additional information and that the delay is in		
the member's best interest. The Contractor		
shall give the member prior written notice of		
the reason for delay if the timeframe is		
extended.		
Exhibit I.		
Section 8.209.5.E.		

Results for Standard 1	
# provisions scored as "Met"	13
# provisions scored as "Partially Met"	1
# provisions scored as "Not Met"	0
# provisions scored as "N/A"	6
Total provisions	20

Regulatory/Contractual Provision	Scoring	Site review Results
2.1 The Contractor shall conduct performance improvement projects that are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and nonclinical care areas that are expected to have a favorable effect on health outcomes and Member satisfaction.		Compliance evidenced by: PIPs submitted to the Department's EQRO annually for validation
2.2 The Contractor shall complete performance improvement projects in a reasonable time period in order to facilitate the integration of project findings and information into the overall quality assessment and improvement program and to produce new information on quality of care each year.		Compliance evidenced by: PIPs submitted annually according to agreed upon timeline
2.3 The Contractor shall analyze and respond to results indicated in the HEDIS measures. II.J.2.c.1.b		Compliance evidenced by: review of annual QI plan, QI team minutes, and Program Impact Analysis documents submitted to Department.
2.4 The Contractor shall monitor Member perceptions of accessibility and adequacy of services provided by the Contractor. Tools shall include the use of Member surveys, anecdotal information, grievance and appeals data and Enrollment and Disenrollment information. The monitoring results shall be included as part of the Contractor's Program Impact Analysis and Annual Report submission.		Compliance evidenced by: review of Program Impact Analysis & Annual QI Report.

Regulatory/Contractual Provision	Scoring	Site review Results
2.5 The Contractor shall fund an annual Member	⊠ Met	Compliance evidenced by: CAHPS results submitted to the
satisfaction survey, determined by the	☐ Partially Met	Department's External Quality Review Organization on an
Department, and administered by a certified	□ Not Met	annual basis.
survey vendor, according to survey protocols. In	□ N/A	Plan agrees to submitting specific CAHPS survey results for
lieu of a satisfaction survey conducted by an		publication annually.
external entity, the Department, at the		
Department's discretion, may conduct the		
survey. In addition, the Contractor shall report		
to the Department results of internal satisfaction		
surveys of Members designed to identify areas of		
satisfaction and dissatisfaction by June 30 th of		
each fiscal year.		
II.J.2.d.2 (page 54)		
2.6 The Contractor shall develop a corrective	Met	Partial evidence of provision met yielded via QI team interview,
action plan when Members report statistically	☐ Partially Met	Program Impact Analysis Report, QI plan, Description of
significant levels of dissatisfaction, when a		Actions to Outcomes team and QI team meeting minutes.
pattern of complaint is detected, or when a	□ N/A	Reviewer unable to identify how all client feedback is compiled
serious complaint is reported.		to detect a pattern of complaint.
II.J.2.d.3		
2.7 The Contractor shall implement and maintain	Met Met	Compliance evidenced by: Interview with internal QI team,
a mechanism to assess the quality and	☐ Partially Met	medical director and external case management team
appropriateness of care for Persons with Special	□ Not Met	
Health Care Needs.	□ N/A	
II.J.2.d.4		
2.9 The Contractor shall investigate any alleged	Met No.	Compliance evidenced by: potential quality of care concerns
quality of care concerns, upon request of the	☐ Partially Met	and actual quality of care concerns report submitted. Interview
Department.	□ Not Met	with Grievance and Appeals staff and QI staff supplied
II.J.2.f.1	□ N/A	additional info.
11.J.2.1.1		
	J	

Regulatory/Contractual Provision	Scoring	Site review Results
2.10 The Contractor shall maintain a process for evaluating the impact and effectiveness of the quality assessment and improvement program on at least an annual basis. II.1.2.h.1 2.11 The Contractor shall submit an annual report to the Department, detailing the findings of the program impact analysis. The report shall describe techniques used by the Contractor to improve performance, the outcome of each performance improvement project and the overall impact and effectiveness of the quality assessment and improvement program. The report shall be submitted by the last business day of September for the preceding fiscal year's	Scoring	Compliance evidenced by: Program Impact Analysis, QI team minutes, interview with QI staff Compliance evidenced by: Annual report submitted: complete and on-time
quality activity or at a time the contract has been terminated. II.J.2.h.2 2.12 Upon request, this information (Program Impact Analysis and Annual Report) shall be made available to Providers and Members at no cost. II.J.2.h.4		Compliance evidenced by: member handbook states availability of these reports at no cost

Regulatory/Contractual Provision	Scoring	Site review Results
2.13 The Contractor shall provide a quality	Met	Compliance evidenced by: QI plan and program impact analysis
improvement plan, to the Department by the last	☐ Partially Met	submitted complete and on-time
business day in September. The plan shall	□ Not Met	
delineate current and future quality assessment	□ N/A	
and performance improvement activities. The		
plan shall integrate finding and opportunities for		
improvement identified in focused studies,		
HEDIS measurements, enrollee satisfaction		
surveys and other monitoring and quality		
activities. The plan is subject to the		
Department's approval.		
II.J.2.i		
2.14 The Contractor shall maintain a health	Met	Compliance evidenced by: Reports tracking these elements
information system that collects, analyzes,	☐ Partially Met	submitted to Dept on a quarterly basis. Interview with QI staff
integrates and reports data. The system shall	□ Not Met	confirms collection and organization of this info
provide information on areas including, but not	□ N/A	8
limited to, utilization, grievances and appeals,		
encounters and Disenrollment.		
II.J.2.k.1	N	
2.15 The Contractor shall collect data on	Met	Compliance evidenced by: materials submitted in the desk audit.
Member and Provider characteristics and on	☐ Partially Met	
services furnished to Members.	□ Not Met	
II.J.2.k.2	□ N/A	
11.J.2.K.2		

Results for Standard 2	
# provisions scored as "Met"	14
# provisions scored as "Partially Met"	0
# provisions scored as "Not Met"	0
# provisions scored as "N/A"	0
Total provisions	14

Regulatory/Contractual Provision	Scoring	Site Review Results
3.1 The Contractor shall have written	Met Met	P and P's provided on submitted desk audit request disk
policies and procedures for the selection	☐ Partially Met	
and retention of Providers.	□ Not Met	
	□ N/A	
MCE Contract II.G.1.a (page 34)		C 1' 1 1 1 0 CD 1 07 1 1 DC 1 07 0 DC 4 07 0
3.1.1 The credentialing policies and	Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC.1.07, 8.RC.4.07, 9
procedures specify the types of	☐ Partially Met	Unlicensed Provider Credentialing
practitioners to credential and	□ Not Met	
recredential.	□ N/A	
3.1.2 The credentialing policies and	Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC.1.07, 5.0
procedures specify the verification	☐ Partially Met	DEL.1.07, 11.CR.7.07
sources used.	□ Not Met	
	□ N/A	
3.1.3 The credentialing policies and	Met Met	Compliance demonstrated by:1.0 CR.1.07, 1.1 RC.1.07, 2.CR.1.07,
procedures specify the criteria for	☐ Partially Met	5.0 DEL 1.07, 11.CR.7.07
credentialing and recredentialing.	□ Not Met	
	□ N/A	
3.1.4 The credentialing policies and	Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07, 4
procedures specify the process for	☐ Partially Met	Credentialing Committee Minutes, 5.0 DEL.1.07, 5.2 DEL 3.07, 8 RC
making credentialing and recredentialing	□ Not Met	4.07
decisions.	□ N/A	
3.1.5 The credentialing policies and	Met Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07
procedures specify the process for	☐ Partially Met	
managing credentialing files that meet	□ Not Met	
the plan's established criteria.	□ N/A	
3.1.6 The credentialing policies and	Met Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07, 8.RC 4.07,
procedures specify the process for	☐ Partially Met	11 CR 7.07
notifying practitioners if information	□ Not Met	
obtained during the credentialing process	□ N/A	
varies substantially from the information		

Regulatory/Contractual Provision	Scoring	Site Review Results
they provided.		
3.1.7 The credentialing policies and procedures specify the process for ensuring that practitioners are notified of the credentialing and recredentialing decision within 60 calendar days of the Credentialing Committee's decision.		Compliance demonstrated by: 4 Cred Committee Minutes, 5.2 DEL 3.07 – not credentialed, 8.RC 4.07
3.1.8 The credentialing policies and procedures specify the process for delegating credentialing or recredentialing.	✓ Met☐ Partially Met☐ Not Met☐ N/A	Compliance demonstrated by: 5.0 DEL 1.07, 5.1 DEL 2.07, 5.2 DEL 3.07
3.1.9 The credentialing policies and procedures specify the process for ensuring that credentialing and recredentialing are conducted in a nondiscriminatory manner.		Compliance demonstrated by: 1.0 CR.1.07, 1.1 RC 1.07, 2 CR 1.07, 7 CR 17.07, 8 RC 4.07
3.1.10 The credentialing policies and procedures specify the medical director or other designated physician's direct responsibility and participation in the credentialing program.		Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07, 8 RC 4.07
3.1.11 The credentialing policies and procedures specify the process for ensuring the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law.	✓ Met☐ Partially Met☐ Not Met☐ N/A	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07 References Employee Handbook, 6 Confidentiality, 15.1 Compliance, 3.6 Retroreview
3.1.12 The credentialing policies and procedures specify the process for ensuring that listings in provider directories are consistent with credentialing data.	✓ Met☐ Partially Met☐ Not Met☐ N/A	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07

Regulatory/Contractual Provision	Scoring	Site Review Results
3.2 . The languages spoken of all	Met Met	Compliance evidenced by: 15.3 Provider Languages, 3.6 Medicaid
physicians are captured in a manner to	☐ Partially Met	Directory excerpt.pdf
enable reporting to members.	□ Not Met	
	□ N/A	
II.E.6.c.8		
3.3 . The Contractor's credentialing	Met Met	Compliance demonstrated by: 10.CR 1.07, 15.2 Compliance 3.3
program shall comply with the standards	☐ Partially Met	
of the National Committee on Quality	□ Not Met	
Assurance (NCQA) for initial	□ N/A	
credentialing and re-credentialing of		
Participating Providers. The Contractor		
may use information from the		
accreditation of primary care clinics by		
the Joint Commission on Accreditation		
of Health Care Organization (JCAHO) to		
assist in meeting NCQA credentialing		
standards.		
II.G.1.c		
3.3.1 Physicians have a current valid	Met Met	10.CR 1.07
license to practice, no older than 180	☐ Partially Met	
days at the time of the credentialing	□ Not Met	Found evidence of in the record review.
decision (initial credentialing and	□ N/A	
recredentialing)		
3.3.2 Physicians have a valid DEA or	⊠ Met	Found evidence of in the record review.
CDS certificate (initial credentialing and	☐ Partially Met	
recredentialing)	□ Not Met	
	□ N/A	
3.3.3 If Board certification is stated on	Met Met	Found evidence of in the record review.
the application, verification of Board	☐ Partially Met	
certification is conducted. The	□ Not Met	
verification must have been done within	□ N/A	
180 days of the credentialing decision		

Regulatory/Contractual Provision	Scoring	Site Review Results
(initial credentialing and recredentialing).		
3.3.4 Verification of either medical	Met	Found evidence of in the record review.
school graduation or residency training is	☐ Partially Met	
conducted upon initial credentialing).	□ Not Met	
	□ N/A	
3.3.5 Physicians provide a list of any	⊠ Met	10. CR 1.07
professional liability claims (malpractice	☐ Partially Met	
history) that resulted in either settlement	□ Not Met	Found evidence of in the record review.
or judgment during the last five years (3	□ N/A	
years if recredentialing)		
3.3.6 Physicians provide a 5 year work	Met Met	1.0 CR 1.07, 1.1 RC 1.07
history of relevant experience for initial	☐ Partially Met	
credentialing.	□ Not Met	Found evidence of in the record review.
	□ N/A	
3.3.7 Physician applications ask for any	Met Met	Found evidence of on the application.
past and present issues regarding loss or	☐ Partially Met	
limitation of clinical privileges at all	□ Not Met	
facilities or organizations with which the	□ N/A	
physician has had privileges.		
3.3.8 Physician applications ask for any	Met Met	Found evidence of on the application.
loss of license or felony convictions	☐ Partially Met	
(initial credentialing and recredentialing).	□ Not Met	
	□ N/A	
3.3.9 Physician applications ask for any	Met Met	Found evidence of on the application.
reasons for an inability to perform the	☐ Partially Met	
essential functions of the position, with	□ Not Met	
or without accommodation (initial	□ N/A	
credentialing and recredentialing).		
3.3.10 Verification of state license	Met Met	10.CR 1.07
sanctions, restrictions and/or limitations	☐ Partially Met	
on the scope of practice within the last 5	□ Not Met	Found evidence of in the record review.
years of the application date for initial	□ N/A	

Regulatory/Contractual Provision	Scoring	Site Review Results
credentialing and 3 years for		
recredentialing is conducted		
3.3.11 Physician attests to having	Met Met	Found evidence of in the record review.
malpractice (professional liability)	☐ Partially Met	
insurance coverage in the amount of	□ Not Met	
\$500,000 per incident and \$1,500,000 in	□ N/A	
aggregate per year (initial credentialing		
and recredentialing).		
3.3.12 Physician applications are signed	⊠ Met	1.0 CR 1.07, 1.1 RC 1.07
within 180 days of the	☐ Partially Met	
credentialing/recredentialing decision.	□ Not Met	Found evidence of in the record review.
	□ N/A	
3.3.13 Physician application contains a	⊠ Met	Found evidence of on the application.
statement as to the correctness and	☐ Partially Met	
completeness of the information	□ Not Met	
contained on the application (initial	□ N/A	
credentialing and recredentialing).		
3.3.14 A mechanism exists to verify that	Met Met	Found evidence of in the record review.
a physician has not been sanctioned by	☐ Partially Met	
Medicare or Medicaid for the past 5	□ Not Met	
years (3 years if recredentialing).	□ N/A	
3.3.15 Physician applications are signed	□ Met	This standard is the same as 3.3.12. Did not rate this standard.
and dated within 180 days of	☐ Partially Met	
credentialing decision (initial	□ Not Met	
credentialing and recredentialing)	⊠ N/A	
3.3.16 If a physician's application is	Met Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07, 5.2 DEL
denied, the affected physician is provided	☐ Partially Met	3.07, 8 RC 4.07
written notice of the reason for the denial	□ Not Met	
(initial credentialing and recredentialing).	□ N/A	

Regulatory/Contractual Provision	Scoring	Site Review Results
3.3.17 Site visits to assess record	⊠Met	Found evidence of in the record review.
keeping processes are conducted to all	☐ Partially Met	
high volume offices of physicians upon	□ Not Met	
initial credentialing.	□ N/A	
3.3.18 The site visit survey process	Met Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07, 16.0 CR
includes standards and thresholds for	☐ Partially Met	4.07, 16.4 CR 10.07
physical accessibility, physical	□ Not Met	
appearance, adequacy of waiting time,	□ N/A	
adequacy of exam room space,		
availability of appointments and		
adequacy of treatment record keeping.		
3.3.19 The Credentialing Committee is	Met Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07, 15.2
comprised of a range of participating	☐ Partially Met	Compliance 3.3
physicians.	□ Not Met	
	□ N/A	
3.4 . The Contractor shall assure that all	☐ Met	Compliance demonstrated by: 17.0 Sample CLIA Certificates.pdf,
laboratory-testing sites providing	⊠Partially Met	15.4 CLIA Certificate, 3.4 Provider Manual excerpt.pdf
services under this contract shall have	□ Not Met	
either a Clinical Laboratory	□ N/A	RMHP states: "We have also affirmed that, at present, we do not have sufficient
Improvement Amendments (CLIA)		system configuration logic and claims edits established to prevent the payment of
Certificate of Waiver or a Certificate of		non-Waivered lab codes to non-CLIA Certified providers. "
Registration along with a CLIA		
registration number. Those laboratories		
with Certificates of Waiver will provide		
only the nine (9) types of tests permitted		
under the terms of the Waiver.		
Laboratories with Certificates of		
Registration may perform a full range of		
laboratory tests.		
II.G.1.e		

Regulatory/Contractual Provision	Scoring	Site Review Results
3.5 . The Contractor's Provider selection	Met Met	7 CR 14.07 Policies and procedures provided evidence of compliance,
policies and procedures shall not	☐ Partially Met	however, we recommend that RMHP change the language in their
discriminate against particular Providers	□ Not Met	policies and procedures to make the statement clear that RMHP
that serve high-risk populations or	□ N/A	specifically will not discriminate against providers that specialize in
specialize in conditions that require		conditions requiring costly treatment.
costly treatment.		
II.G.1.f (page 35)		
3.6 A defined professional review	Met Met	Compliance demonstrated by: 8 RC 4.07, 15.1 Compliance, 3.6 Retro
process is used to investigate any alleged	☐ Partially Met	review
quality of care concerns against	□ Not Met	
physicians.	□ N/A	
3.7 No specific payment can be made	Met Met	Compliance demonstrated by: 15.5 Evidence, 3.7 Physician Services
directly or indirectly under a Provider	☐ Partially Met	Agreement excerpt 2.Q.pdf
incentive plan to a Provider as an	□ Not Met	
inducement to reduce or limit Medically	□ N/A	
Necessary services furnished to a		
Member		
3.8 Facilities participating in the	Met Met	Compliance demonstrated by: 1.0 CR 1.07, 1.1 RC 1.07
Contractor's Plan shall be insured for	☐ Partially Met	
malpractice, in an amount equal to a	□ Not Met	
minimum of \$0.5 million per incident	□ N/A	
and \$3.0 million in aggregate per year.		

Results for Standard 3	
# elements scored as "Met"	37
# elements scored as "Partially Met"	1
# elements scored as "Not Met"	0
# elements scored as "N/A"	1
Total Provisions	39

Regulatory/Contract	Scoring	Site Review Results
Provision		
4.1 The Contractor shall comply with all requirements of EPSDT rules at 42 C.F.R. 441.50 through 441.62, as amended to assure Members' access to EPSDT benefits including such benefits which are not Covered Services pursuant to this contract. MCE Contract II.E.6.e (page 28); and	**Scoring for this provision was broken down into more measurable parts; please see below.	See standards 4.2 through 4.11 for compliance with this standard
4.2 The Contractor must inform all Medicaid – eligible persons under 21 that EPSDT services are available including where and how to obtain those services.		Compliance evidenced by: Member handbook, postcards
4.3 The Contractor must offer members that assistance with necessary transportation and scheduling is available to the child upon request.		Compliance evidenced by: Interview with contracted case managers

Regulatory/Contract Provision	Scoring	Site Review Results
4.4 The plan provides EPSDT information to members that is clear and non-technical and has the ability to effectively inform those who are blind or deaf or who cannot read or understand the English language exists.		Compliance evidenced by: Member handbook, postcards, interview with contracted case managers, medical director
4.5 The plan provides eligible members screening according to the Periodicity Schedule . (If written verification exists that the most recent age-appropriate screening has already been done the plan need not provide the service.)	✓ Met☐ Partially Met☐ Not Met☐ N/A	Compliance evidenced by: on-site chart reviews, interviews with case managers, medical director and QI staff. However, RMHP states they have difficulty tracking wrap-around EPSDT benefits such as: routine dental appointments and hearing and vision examinations according to the periodicity schedule.
4.6 The plan provides diagnosis and treatment necessary to address conditions indicated by the screening.		Compliance evidenced by: Interview with case managers, QI staff

Regulatory/Contract	Scoring	Site Review Results
Provision 4.7 The plan provides for the timely provision of EPSDT services which meet reasonable standards of medical and dental practice (generally within an outer limit of 6 months after the request for screening services).		Compliance evidenced by: Interview with case managers, QI staff, Medical Director.
4.8 The plan provides for a continuing care provider that documents the screening, diagnosis, treatment and referral as required.	✓ Met☐ Partially Met☐ Not Met☐ N/A	Chart reviews, case manager interview
 4.9 The plan provides for referral assistance for treatment not covered by the plan but found to be needed as a result of conditions identified through screening and diagnosis. 4.10 The plan makes 		Interview with case manager, QI staff. P&P's submitted Interview with contracted case manager, QI staff
appropriate referrals to State health agencies, WIC, Head Start, maternal and child health programs, etc.)	☐ Partially Met ☐ Not Met ☐ N/A	

Regulatory/Contract	Scoring	Site Review Results
Provision	_	
4.11 The Contractor shall	⊠ Met	Report submitted annually and on-time.
complete and submit the	☐ Partially Met	
annual EPSDT report,	□ Not Met	
resulting from the	□ N/A	
preventive screenings, to the		
Department's HPM, on		
Form CMS-416, no later		
than February 1st, for the		
October 1st through		
September 30th period		
within the previous contract		
year.		

Results for Standard 4	
# elements scored as "Met"	10
# elements scored as "Partially Met"	0
# elements scored as "Not Met"	0
# elements scored as "N/A"	0
Total provisions	10

Appendix II

2007 Corrective Actions for "Not Met" or "Partially Met" provisions, RMHP:

Audits and Reporting Section

1. RMHMO shall take the necessary steps to assure that future notifications to the Department are timely and contain all the necessary information.

Claims Processing Section

2. RMHMO shall demonstrate a mandatory compliance plan and administrative and management arrangements or procedures that are designed to guard against fraud and abuse in provider billings.

Confidentiality Section

- 3. RMHMO shall assure the Department there will be full compliance with 45 CFR part 164 subpart E and other privacy laws and regulations.

 Member Facilitation and Accommodation Section
- 4. RMHMO shall demonstrate that it develops and/or provides cultural competency training programs, as needed, to the network Providers and staff regarding: (a) health care attitudes, values, customs, and beliefs that affect access to and benefit from health care services, and (b) the medical risks associated with the Client population's racial, ethical and socioeconomic conditions.
- 5. RMHMO shall demonstrate that it facilitates culturally and linguistically appropriate care by establishing and maintaining policies, and then effectively implementing them to reach out to specific cultural and ethnic Members for prevention, health education and treatment for diseases prevalent in those groups.
- 6. RMHMO shall demonstrate that Member materials are: (1) easily understood and (2) screened for the 6th grade reading level.

Member Rights and Responsibilities Section

7. RMHMO shall demonstrate that it and its providers are fully in compliance with 42 C.F.R. Section 489.102(d) and, by reference, 42 C.F.R. 417.436(d) concerning the implementation of Advance Directives.

Appendix III

FY 07–08 Site Review Agenda for Rocky Mountain Health Plan April 29–30, 2008

	Day One: Tuesday, April 29, 2008
	Sessions and Activities
1:00-1:30	 Opening Session Introductions RHMP presentation of organizational structure Department overview and process of FY 07–08 site review activities
1:30–1:45	 Department and RMHP staff will: Confirm locations and staff for the record reviews and interviews. Identify key RMHP staff to be available to the reviewer for questions and requests. Confirm location and content of on-site documents.
1:45-2:00	Review of FY 06-07 corrective action plan status
2:00-4:30	Credentialing and re-credentialing record review concurrent with Grievance and Appeals record review concurrent with EPSDT record review (please have either two rooms available or one room large enough for three people to review records)

Day Two: Wednesday, April 30, 2008			
	Sessions and Activities		
8:00–9:00	Meet with credentialing and re-credentialing staff for Q & A concurrent with		
	Meet with grievance and appeals staff for Q & A (please have 2 rooms available for these interviews)		
9:00–9:45	Meet with EPSDT staff & EPSDT case managers for Q & A		
9:45-10:30	Meet with Quality Improvement staff for Q & A		
10:30-11:30	Closed session – prepare for exit conference		
11:30-12:30	Lunch		
12:30-1:30	Exit conference		
	Overview of preliminary findings		